

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.  
In order of birth stated.

CERTIFICATE AMENDED  
PLACE OF BIRTH SEE NOTATION

Item 2 - name entered by Affidavit  
of registrant and birth record of child  
(4/20-70 bms)

# ARIZONA STATE BOARD OF HEALTH

1. County of Graham  
District of Graham  
Town of Salmonville  
or Salmonville  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 228  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 90

No. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Flora Sanchez

3. Sex of Child Female To be answered ONLY in event of plural births.  
4. Twin, triplet or other X  
5. No., in order of birth 1  
6. Legitimate? Yes  
7. Date of birth 4-24-29  
Month day year

8. FATHER Full name Moses Sanchez  
14. MOTHER Full maiden name Rosa Maduro

9. Residence (Usual place of abode) Sanchez  
If nonresident, give place and state \_\_\_\_\_  
15. Residence (Usual place of abode) Sanchez  
If nonresident, give place and state \_\_\_\_\_

10. Color or race Mex  
11. Age at last birthday 34 (Years)  
16. Color or race Mex  
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Ariz  
(State or country) \_\_\_\_\_  
18. Birthplace (city or place) Ariz  
(State or country) \_\_\_\_\_

13. Occupation Farmer  
Nature of industry \_\_\_\_\_  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 6 P m. on the date above stated.  
(Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
ven name added from supplemental report

Signature W. H. Harris  
(Physician or ~~midwife~~)  
Address \_\_\_\_\_

Filed May 18, 1929 J. H. S. Hutton  
H.B.G. Local Registrar.

Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

629-424-946